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ABSTRACT

Pregnancies, abortions, and births to unmarried women occur frequently in the United States; these are of particular concern when they occur to teenagers. This study examined the effects of age on the decision to have an abortion for teenagers (N=256) at a clinic serving a predominantly white clientele from several mid-size cities and the surrounding rural areas. For the purposes of this study the 256 teenagers were divided into two groups: the young young who were age 16 or younger (N=66) and the old young who were age 17 to 19 (N=190). Results confirmed six hypotheses which assert that the younger the teenager: (1) the more likely it will be that age is the dominant reason for terminating the pregnancy; (2) the more likely it is to be her first pregnancy and therefore her first abortion; (3) the less likely she is to be married and living with a husband or male partner and the more likely to be living with her parents; (4) the more likely she is to be a student but with fewer years of schooling and less likely to be employed or economically self-sufficient; (5) the more likely she is to involve others in the decision to terminate the pregnancy and the more likely the partner and/or parent would agree with the decision, support it, and accompany her to the clinic; and (6) the less likely she is to ever have used any method of birth control. (Author/ABL)

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TEENAGERS WHO HAVE TERMINATED PREGNANCIES:

THE YOUNG YOUNG AND THE OLD YOUNG

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Paper presented at the annual meeting of the National Council on Family Relations, Atlanta, Georgia, November 16, 1987

Abstract

Pregnancies, abortions, and births to unmarried women occur frequently in the United States. Each are issues of concern in general but particularly among teenagers who are less prepared economically, educationally, or emotionally to cope with an often unplanned and unwanted pregnancy. But teenagers are not a homogeneous grouping. This paper, drawing data from 256 teenagers who terminated a pregnancy, examines the significance of age by differentiating the young young (those age 16 and under) from the old young (those age 17 to 19).

It is hypothesized that the younger the teenager the more likely that age is the dominant reason for terminating the pregnancy; the more likely it is her first pregnancy and abortion; the less likely she is married and living with a husband or male partner; the more likely she is a student but with less years of schooling and less likely to be employed or economically self sufficient; the more likely she is to involve others in the decision to terminate the pregnancy, and the more likely the partner and/or parent would agree with the decision and support it; and the less likely she is to ever have used any method of birth control. Overwhelming support exists for each hypothesis presented. A range of policy issues and actions are discussed that affect negatively various attempts to prevent, delay, or make difficult the termination of a pregnancy among teenagers, particularly the young young ones.

TEENAGERS WHO HAVE TERMINATED PREGNANCIES:

THE YOUNG YOUNG AND THE OLD YOUNG

Sometimes gerontologists, in dealing with the aged, differentiate the "young-old," those from age 65 to 75, from the "old-old," those age 75 and over. This is done to clarify and magnify the major differences and needs among the distinct categories of the elderly in issues such as marital status, social activities, living conditions, health and the need for medical care, relationships with children, grandchildren and other extended kin, and so forth. What is less frequently done is differentiating the young-young from the old-young when dealing with adolescents or teenagers. Yet, as might seem obvious but is seldom addressed, teenagers are not a homogeneous grouping. An event happening to a thirteen to sixteen year old adolescent (in this paper termed the young-young) is likely to have different consequences and perhaps demand different social policies than a similar event that occurs to a seventeen to nineteen year old adolescent (herein termed the old-young).

The event, or more realistically the series of events, addressed is the termination of a pregnancy (abortion) and a range of factors that are related to or brought about by the pregnancy that was terminated. The central thesis is that among teenagers, age becomes a significant variable when dealing with a pregnancy, the termination of a pregnancy, or the birth of a child.

Teenage pregnancies, abortions and births to unmarried women are no rarity in the United States. Census material for the 1980's indicates over one-quarter million births each year to unmarried women age 19 and under.[1] Clearly, the number of teenage pregnancies is well in excess of that figure. Recent estimates place the number of teenage pregnancies terminated

by abortion to be 42 percent.[2] Using these figures would place the number of teenage pregnancies at about 465,000 yearly with an estimated 195,000 abortions. These numbers are likely to be on the conservative side since many teenage pregnancies and abortions are likely to be unreported while others occur to women already married and excluded from these figures.

The concern over teenage pregnancy, abortion, or parenthood extends far beyond the morality, appropriateness, or social approval granted to these specific events. For example, it is well known that when parenthood, and more specifically motherhood, occurs at an early age, it is likely to have a negative effect of factors such as continued education, occupational attainment, marital stability, asset accumulation, and health of both mother and infant. Evidence suggests that teenage mothers, when compared with mothers age 20 and over, are most likely to postpone prenatal care, develop cervical cancer and uterine diseases, have a premature child, of low birthweight, suffering from congenital defects, and with a greater likelihood of infant mortality.[3] Teenage parents, if married, are more likely to have troubled marriages. They are more likely than older parents to abuse or neglect their children. Half of all adolescent mothers live below the poverty level and welfare becomes a frequent means of support. One source suggests that fully half of all payments made under the Aid to Families with Dependent Children Program (AFDC) go to women who bore children during their adolescent years.[4] In general, teenage parenthood affects the milieu in which children are raised and the kinds of opportunities available to both mother and child.

Given consequences such as these to teenagers in general, it could be 1) assumed that the younger the teenager, the more negative the consequences of

bearing a child, and 2) argued that these well known negative consequences of teenage parenthood provide a logical rational for the termination of an unplanned or unwanted pregnancy. This appears to be particularly true of middle or higher social class teenagers irrespective of race. Since teenagers are not a homogenous grouping, it can be expected that major differences exist by age among teenagers who did terminate a pregnancy. The young young are expected to be significantly different from the old young. Thus, it is hypothesized that among these teenagers, all of whom terminated an existing pregnancy, the younger the teenager:

1) the more likely that age is stated as the dominant reason for the termination of the pregnancy;

2) the more likely it was her first pregnancy and as a result her first abortion;

3) the less likely she is married, thus the less likely she is to live with a husband, male partner, or friend, and the more likely she is to live with parents;

4) the more likely she is a student but with a lower amount of formal years of education and the less likely she is to be employed or economically self-sufficient;

5) the more likely she is to involve the partner or others in the decision to terminate the pregnancy (that is, the less likely she is to make the decision alone), and the more likely the partner and/or parent would agree with the decision, support it, and accompany her to the clinic; and;

6) the less likely she is to have ever used any method of birth control, but among users, the most likely to have used condoms rather than other methods.

If support is found for these hypotheses, it raises serious questions about the morality of social policies that prevent, delay, or make difficult the termination of a pregnancy among teenagers, particularly the young-young ones. If this group of teenagers are <u>least likely</u> to be married, live with a partner, have at least a high school education, be employed, be economically self-sufficient, or have used any method of contraception and are <u>most likely</u> to live at home, be students, involve others in the decision to abort, and

have the agreement and support of the partner and/or parent to terminate the pregnancy, then an empirically based argument can be made for policies that support rather than hinder teenagers in general, but particularly the young ones, in their abortion and contraceptive decisions and behaviors.

DATA AND SAMPLE:

Data used in this paper were collected from the records of women who had a first trimester abortion between January 1, 1986 and July 1, 1986 at a clinic located in the eastern part of Central Michigan.[5] The sample includes the entire population of 749 women who visited the clinic during the first six months of the year. The clinic, available to anyone who sought its services, served a predominantly white clientele coming from several mid-size cities and surrounding rural areas.

As is frequently the case, the use of secondary data, in this case clinic records, limits the analysis to data that is available. Fortunately, each clinic record included demographic data such as age, marital status, education, and occupation. In addition, a standardized set of questions was asked that included parity including abortion status, length of current pregnancy, whether or not the pregnancy occurred on the first sex experience (which rarely was the case), the primary reason for the abortion, the partner's response to the abortion decision, the dominant decision-maker relative to the decision to abort, who the client was currently living with, previous methods of birth control used including method and brand name, interest expressed in type of birth control for the immediate future, the significant others who provided support to the client, and a counselor's assessment of the client and her decision to abort. Not every client gave a response to every question, thus the analysis excludes the non-respondents to a particular item.

Of the total client population, about one-third were teenagers (256 or 34.2 percent), one-third were age 20-24 (264 or 35.2 percent), and one-third (229 or 30.6 percent) were age 25 and over. The youngest was age 13 and the oldest was 43. The majority of the respondents had graduated from high school and were employed. For nearly 40 percent, this was their first pregnancy and for 70 percent it was their first abortion. Sixty percent of the population was single. The average length of the pregnancy was about 4 weeks and the primary reasons given for terminating the pregnancy were that they were not ready to have a child, didn't want any more children, or age. As might be expected and was hypothesized, the latter response was particularly prevalent among teenagers.

For the purposes of this paper, the 256 teenagers were categorized into two groups: the young young (those age 16 or less) and the old young those age 17 to 19. Sixty-six of these teenagers were the young young and 190 were the old young.

FINDINGS:

The first hypothesis stated that the younger the teenager, the more likely that age is stated as the dominant reason for the termination of the pregnancy. As can be seen in Table 1, nearly three-fourths of the young young teenagers gave age as the primary reason for the termination of their pregnancy. About one-fourth of the old young teenagers gave the same response but were far more likely to indicate that they were not ready for a child (64 percent) than stating age per se. The respondents age 20 to 24 were most likely to say they weren't ready for a child while those age 25 and over were more likely to indicate that they didn't want any more children. It is of interest that both the youngest group (those 16 and under) and the

oldest group (those 30 or over) gave age as their primary reason for abortion, suggesting a curvilinear relationship on this variable. An unstable relationship or specific financial, marital, or legal problems were stated as the primary reasons only among the teenagers. Strong support existed for the first hypothesis.[6]

The second hypothesis stated that the younger the teenager the more likely it was her first pregnancy and as a result her first abortion. This is strongly supported (see Table 2). For 85 percent of the young young teenagers this was their first pregnancy and for more than 90 percent their first pregnancy termination. For the older group of teenagers, more than two-thirds said this was their first pregnancy and 86 percent their first pregnancy termination. Clearly the number of pregnancies increases with age, however, the number of pregnancy terminations for non-teenagers did not vary greatly by age. This was the first abortion for the majority of persons in all age categories. Close to one-third said it was their second and about one in 15 said three or more.

The third hypothesis stated that the younger the teenager the less likely she is married, thus the less likely to live with a husband, male partner or friend, and the more likely she is to live with parents. A glimpse at Table 3 shows this to be the case. All of the young young teenagers were single as were 92 percent of the old young teenagers. As might be expected, the percent single decreased with age while the percent married increased with age. More than one-fourth of the respondents over age 25 were either divorced, separated or widowed. Thus a non-married status was a significant dimension among those who terminated a pregnancy with only those over age 30 being married in significant numbers (46.0 percent).

Marital status is one indicator, but clearly not the only one, of current living arrangements. The youngest group, none of whom were married, were most likely to live with their parents (79 percent). None of this group lived alone while the remaining 21 percent lived with a partner, a friend or someone else. Tho majority of older teenagers lived with their parents as well (56 percent) but many lived with their spouse, partner or friend (35 percent). Only 8.5 percent lived alone. As might be expected, with increasing age, the decreasing likelihood of living with parents and the increasing likelihood of living with a husband or male partner. Interestingly, more than one-fourth of each of the non-teenage groups lived alone.

The fourth hypothesis relates age to a student status, amount of formal schooling and employment status. It is hypothesized that the younger the teenager the more likely she is a student but with fewer years of formal education and the less likely she is to be employed or economically self-sufficient. Age once again is a significant variable on each of these dimensions (see Table 4). Combining a response of "none" with "student" to the employment question reveals that 87 percent of the young young fit this category. This drops to 56 percent among the old young teenagers and continues to decrease among the older groups with only six percent of those age 30 and over so indicating. Not only are the young young most likely to be students, they are likely to have the fewest years of schooling. Every respondent under age 17 had eleven years or less. Among the old young, one-third had eleven years or less of formal education with close to sixty percent having 12 years and an additional nine percent having some college. This variable is particularly significant in differentiating the young young from the old young.

Age is highly significant for employment status as well. Only thirteen percent of the youngest teenagers indicated any type of employment and one could surmise that the employment they had was part-time, low-paying and not career or professionally oriented. Given circumstances such as these, carrying their pregnancy to full-term would not be likely to have positive consequences for either mother or child. Circumstances relating to both schooling and employment status change considerably for the older group of teenagers. Many more have had twelve years or more of education and more than forty percent were employed. Here as well, one could surmise that the jobs they held were minimum wage and not professionally or career oriented. But by the late teens, high school is likely to be completed, marriage is a more likely option, and employment and wage opportunities increase.

Hypothesis five relates to the decision to terminate the pregnancy and the type of agreement and support that comes from others significant to her. The hypothesis states that the younger the teenager, the more likely she is to involve the partner or others in the decision to terminate the pregnancy (that is, the less likely she is to make the decision alone), and the more likely the partner and/or parent would agree with the decision, support it, and accompany her to the clinic.

Reference to Table 5 shows support for this general hypothesis. As can be seen the youngest teenage group was the least likely to make the decision alone to terminate the pregnancy although more than one-third did so. In contrast, more than one in five respondents of this youngest age group indicated that someone other than self or partner made the decision. These others were usually a parent but in some instances a friend. This contrasts with less than five percent of the older teenage group and less than two

percent of the older non-teenagers who claimed that someone other than self or partner was the dominant decision maker. Among all age categories, the dominate decision-maker was the self alone (more than half of all non-teenagers) or in consultation with the partner.

Interestingly, about one-fourth of the husbands/partners in all age groups were not told of the decision to terminate the pregnancy. Given this finding, it would appear that little is to be gained by legislation that demands a parent, partner or others be informed. Of those who were told, there was widespread agreement among all age groups that the abortion decision was the appropriate one with less than one in twenty partners expressing disagreement. Fewer differences existed by age category to the partners response to the decision than any other variable studied. That is, teenagers were about as likely as non-teenagers to not inform their partner but when informing them got widespread agreement and very little disagreement with the decision to abort. It is possible (and likely) that many opponents to abortion, agree with an abortion decision when their partner, spouse or teenage daughter is the one who is pregnant.

Not only was their overwhelming agreement with the decision by the partner, but the partner and or parents were the chief sources of support. The young young teenagers, by far more than other age category, indicated relatives, listing in most instances mother or sister as their chief source of support. Among the older teenage group the chief sources of support came from the partner (65 percent) followed by relatives, meaning mothers (15 percent) and friends (13 percent). About two-thirds of each older non-teenage category claimed their primary source of support came from their husband or male partner.

The person most likely to accompany the young young teenager to the clinic was the mother or other family member (58 percent) followed by the partner (31 percent). In contrast, only 21 percent of the older teenage group was accompanied by a family member. Rather the largest number of this group was accompanied by their partner (40 percent) followed by a friend (23 percent). Older groups were most likely to come to the clinic alone, a very infrequent event for the teenager. Thus widespread support exists for this hypothesis.

The sixth and final hypothesis related to contraceptive usage. It was hypothesized that the younger the teenager, the less likely she is to have used any method of birth control, but among users, the most likely to have used condoms rather than other methods. The rationale for the first part of this hypothesis was based on the body of research about sex education, contraceptive knowledge, and contraceptive availability to teenagers plus the widespread emphasis in the United States on the avoidance of intercourse rather than the prevention of pregnancy. The second part of the hypothesis was based on the use of a contraceptive that requires minimal preplanning, is available to both sexes, and demands no medical consultation.

The first part of this hypothesis finds strong support while weaker support exists for the second part. More than half of the youngest teenage group admitted to never having used any form of birth control. More than one-third of the older teenage group admitted the same. There were considerably fewer non-users among the older age categories. Thus, support exists for the hypothesis that the younger teenagers were less likely to have ever used any method of birth control. Among those who said they had used some method, the condom was used second to the pill for both teenage groups.

However, teenagers did use the pill less and condoms considerably more than the older non-teenage groups. The pill was the overwhelming favorite among the groups in their twenties with those thirty and over most likely to make use of multiple methods.

SUMMARY AND CONCLUSIONS:

The termination of a pregnancy has been a highly controversial topic in the United States over the past two decades. The tendency has been for the issue to center more on the morality of abortion per se than on the morality of continuing an often unplanned and unwanted teenage pregnancy to full term with the high probability of negative consequences to the newborn, the parent (particularly the mother), and to society. Attention in the United States has tended to focus more on the avoidance of intercourse than on the prevention of pregnancy. The consequence is that a large number of unmarried teenagers get pregnant (conservatively estimated at 465,000). Having had intercourse, they are now faced with the decision as to whether to terminate the pregnancy.

This study, drawing information from 749 women who terminated a pregnancy during the first six months of 1986, looked particularly at the 256 of them who were teenagers. The central argument of this paper is that pregnant teenagers are not a homogeneous grouping. The young young (those 16 and under) differ considerably from the old young (those 17 to 19). Both groups of teenagers, in turn, differ considerably from their older non-teenage pregnant counterparts.

Six general hypotheses were presented for testing that stated that the younger the teenager the more likely that age is the dominant reason for terminating the pregnancy; the more likely it is her first pregnancy and

therefore her first abortion; the less likely she is married and living with a husband or male partner and the more likely to be living with her parents; the more likely she is a student but with less years of schooling and less likely to be employed or economically self-sufficient; the more likely she is to involve others in the decision to terminate the pregnancy, and the more likely the partner and/or parent would agree with the decision, support it, and accompany her to the clinc; and the less likely she is to ever have used any method of birth control.

Overwhelming support exists for each of the hypothesis tested. Teenagers are not a homogeneous grouping. Those younger were more likely to be single, living with parents, experience a first pregnancy, be a student but with fewer completed years of schooling, be unemployed and not economically self-sufficient, and involve others in the decision to terminate the pregnancy and gain their support. Young teenagers were the least likely group to have ever used any method of pregnancy prevention.

In spite of one sexual code that teaches abstinence, thousands of teenagers have intercourse and get pregnant. Results from this and other studies indicate that teenagers, particularly the younger ones, are not equipped physically, economically, psychologically or socially to give birth. True, arguments can be made that they should not have had sexual relationships and thus would not have gotten pregnant in the first place. But sexual relationships cannot be understood apart from the social/cultural context in which these behaviors occur.

Beeghley and Sellers argue that the rate of premarital sex (and I might add pregnancy) is a characteristic of a society, not an individual.[7] The

rising rate of premarital sex during this century can be accounted for by changes in the American social structure that today includes more time between puberty and marriage, greater social autonomy, more egalitarian sex role norms, an increased ability (due to contraception) to separate sexual acts from pregnancy, and a decline in the norm of sexual abstinence. But this same culture, when compared with other non-western cultures, has not been overly supportive or effective in sex and family life education courses, in sexual decision-making training, in parent-child communication programs, in media initiatives to advertise contraceptives to teenagers or to raise the level of consciousness about adolescent pregnancy and childbearing, in providing access to contraceptives such as condom distribution programs and school based clinics, and so forth.[8] As a result, teenage pregnancies, often unplanned and unwanted, are a common occurrence.

Given this common occurrence of teenage pregnancies, the known conditions surrounding them (many shown in this paper), and the well-established consequences of teenage parenthood, serious questions can be raised about the morality of social actions, policies and legislation that prevent, delay, or make difficult the termination of a pregnancy among teenagers, particularly the young young ones. These actions include the current attempts to appoint federal and Supreme Court judges who are opposed to abortion for anyone, irrespective of age. These actions include the attempts of anti-abortion groups to have repealed the 1973 Supreme Court decision, Roe v. Wade, which struck down dozens of state criminal abortion statutes and placed no restrictions on the process in the early stages of pregnancy. These actions include passing laws that require unmarried minors seeking abortions to notify both parents at least 24 hours beforehand. These actions include picketing and/or bombing facilities that provide abortion

services.[9] These actions include the harassment of pregnant teenagers with frightening stories about the killing or murder of babies or with threats of tracing the identity of patients and publicly reporting them.

To continue actions and social policies such as these is to increase the likelihood of unfavorable birth outcomes and the perpetration of long-lasting negative consequences for mother and child. In contrast by allowing women to terminate an unwanted pregnancy, abortion can alter the distribution of births among high risk groups such as teenagers and increase the likelihood that pregnancies that are not aborted may be more wanted and healthier. Joyce, for example, supports the contention that by preventing unwanted births, abortion reduces the percentage of preterm and low-weight infants.[10]

Perhaps few would argue that abortion is the ideal approach to averting unintended or unwanted pregnancies and births. However, until family planning is more widely available and effectively practiced, abortion will remain an important and necessary option for many pregnant women. Once again, given the common occurrence of teen-age pregnancies, the known conditions surrounding them including some shown in this research, and the well-established consequences of teenage parenthood, serious questions, can be raised about the morality of social actions, policies, and legislation that prevent, delay, or make different the termination of a pregnancy among teenagers, particularly the young young ones.

References and Notes

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5. A special note of thanks and appreciation to Norma Zehnder, a former employee at the clinic and a Ph.D. student in the College of Nursing at Wayne State University, for her efforts in obtaining approval and in gathering all the data.

6. Chi-squares were computed relating age to each of the variables listed in tables 1 thru 6. All were significant at a probability level exceeding .001.

7. Leonard Beeghley and Christine Sellers, "Adolescents and Sex: A Structural Theory of Premarital Sex in the United States," Deviant Behavior 7 (1986): 313-336.

8. A discussion of these and other preventive interventions can be seen in Sheryl D. Hayes, (ed.), Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. Washington, D.C., National Academic Press, 1987, Chapter 6, pp. 141-188.

9. Forrest and Henshaw, for example, reported that in 1985, 47 percent of abortion providers experienced antiabortion harassment. The approximately 1250 facilities that were affected served 83 percent of all abortion patients. See: Jacqueline Darroch Forrest and Stanley K. Henshaw, "The Harassment of U.S. Abortion Providers," Family Planning Perspectives 19 (January/February 1987): 9-13.

10. Theodore Joyce, "The Impact of Induced Abortion on Black and White Birth Outcomes in the United States," Demography 24 (May 1987): 229-244.

Table 1. Age of pregnancy termination and primary reason for abortion

	Teenagers		Non-teenagers		
	Young Young	Old Young	20-24	25-29	30+
Primary reason for abortion:					
Age	74.1%	25.4%	7.6%	5.9%	35.3%
Not ready for child	24.2	64.5	56.4	41.2	19.6
No more children wanted	1.7	7.1	21.2	32.3	31.8
Unstable relationship	0	.6	6.3	9.8	9.4
Problems: financial/ marital/legal	0	2.4	8.5	10.8	3.7
	100.0%	100.0%	100.0%	100.0%	100.0%
	n=66	n=190	n=264	n=113	n=116

Table 2. Age of pregnancy termination, number of pregnancies and number of abortions

	Teenagers		Non-teenagers		
	Young Young	Old Young	20-24	25-29	30+
Number of pregnancies:					
one	84.6%	67.9%	35.0%	9.8%	6.0%
two	12.3	23.2	26.2	25.0	21.6
three	3.1	5.8	21.3	30.4	23.3
four	0	3.2	9.9	20.5	23.3
five or more	0	0	7.6	14.3	25.9
	100.0%	100.0%	100.0%	100.0%	100.0%
Number of abortions:					
first	90.8%	85.5%	64.3%	56.6%	64.7%
second	9.2	13.7	27.7	37.2	29.3
third or more	0	0.5	8.0	6.2	6.1
	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3. Age of pregnancy termination, marital status and with whom living

	Teenagers		Non-teenagers		
	Young Young	Old Young	20-24	25-29	30+
Marital status:					
Single	100.0%	91.8%	73.8%	41.5%	28.8%
Married	0	6.3	15.0	30.2	46.0
Divorced/separated/widowed	0	1.9	9.2	28.3	25.2
	100.0%	100.0%	100.0%	100.0%	100.0%
Living with:					
Husband/partner	14.8%	18.2%	24.5%	44.1%	52.4%
Parents	78.7	56.2	25.7	10.8	3.9
Alone	0	8.5	26.1	25.5	30.1
Friend/other	6.5	17.1	23.7	19.6	13.6
	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4. Age of pregnancy, student and employment status, and years of formal education

	Teenagers		Non-teenagers		
	Young Young	Old Young	20-24	25-29	30+
Employment status:					
Student	66.7%	36.3%	24.9%	5.6%	2.1%
Housewife	0	3.2	9.8	19.1	13.4
Employed	13.3	41.1	46.8	65.2	80.4
None	20.0	19.4	18.5	10.1	4.1
	100.0%	100.0%	100.0%	100.0%	100.0%
Years of schooling:					
11 or less	100.0%	32.4%	13.8%	15.2%	6.5%
12	0	58.8	47.2	50.5	47.7
some college	0	8.8	32.1	26.7	31.8
4 years college or more	0	0	6.9	7.6	14.0
	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5. Age of pregnancy, decision maker, partner response, source of support, and clinic accompanyment

	Teenagers		Non-teenagers		
	Young Young	Old Young	20-24	25-29	30+
Dominant decision-maker:					
Self	36.1%	48.9%	53.6%	53.2%	57.8%
Self/partner	42.6	46.5	44.3	45.9	41.3
Others	21.3	4.6	2.1	.9	.9
	100.0%	100.0%	100.0%	100.0%	100.0%
Partner's response to decision:					
Agreement	64.4%	63.8%	59.9%	57.4%	64.1%
Disagreement	3.4	5.2	4.6	.9	5.8
Neutral	8.5	13.2	11.4	12.1	6.8
Not told	23.7	17.8	24.1	29.6	23.3
Chief source of support					
No one	0%	2.4%	7.6%	7.6%	14.4%
Husband	0	4.1	10.9	23.8	38.8
Partner	48.1	65.3	54.2	42.9	35.1
Relatives	48.1	15.3	12.2	1.9	5.4
Friends	3.8	12.9	15.1	23.8	6.3
	100.0%	100.0%	100.0%	100.0%	100.0%
Accompanied to clinic					
Husband	0%	4.7%	8.5%	15.0%	25.0%
Partner	30.8	39.7	35.2	22.4	20.5
Family	57.7	20.7	7.6	5.6	6.2
Friend/other	11.5	22.5	19.9	21.5	17.9
Came alone	0	12.4	28.8	35.5	30.4
	100.0%	100.0%	100.0%	100.0%	100.0%

Table 6. Age of pregnancy termination, use of birth control, and type of birth control chosen

	Teenagers		Non-teenagers		
	Young Young	Old Young	20-24	25-29	30+
Ever used Birth Control					
None or Rhythm	52.6%	36.3%	17.2%	6.7%	14.9%
Pill	22.8	35.7	45.6	44.8	29.7
IUD/Foam	1.8	1.8	9.6	15.2	16.8
Condoms	12.3	11.9	3.3	.9	4.0
Multiple methods	10.5	14.3	24.3	32.4	34.6
	100.0%	100.0%	100.0%	100.0%	100.0%